

## CONSENT FORM

**YOU MUST HAVE YOUR PARENT OR GUARDIAN FILL OUT THIS FORM.**

I understand that IACE is a CAP program with rules and regulations concerning proper behavior and decorum. I further understand that the IACE staff, in conjunction with the CAP National Director of Missions, is the final authority regarding these rules and regulations. Should behavior or disciplinary problems arise, I understand that appropriate action may be taken including removal from the activity site. I also understand that transportation arrangements for an unscheduled return home will be my responsibility as agreed in the "Release by Parents or Guardian" section of CAP Form 31.

I, (Name of parent or legal guardian) \_\_\_\_\_ of \_\_\_\_\_

\_\_\_\_\_ hereby give consent and permission to National Cadet Special Activities staff members to take my minor child CADET \_\_\_\_\_, to any other medical facility during the period 15 Jul to 2 Aug 2006 and give consent for emergency examination, treatment, and/or surgical procedures(s) as deemed necessary by the medical staff. I hereby certify that my child is in good health and has no medical condition, which precludes him/her from participating fully in all physical activities of this program.

1. Has your child undergone treatment by a doctor within the last six months?  
\_ Yes \_ No (if yes, explain in the remarks section below).
2. Is your child currently under treatment by a doctor and/or taking any medication at present?  
\_ Yes \_ No (If yes, explain in the remarks section below). If your child is taking any medication, please ensure he/she has an adequate supply for the period of the activity.
3. Does your son/daughter have any known medicinal or other allergies?  
\_ Yes \_ No (If yes, please explain in the remarks section).

REMARKS:

\_\_\_\_\_  
\_\_\_\_\_

HEALTH INSURANCE CO: \_\_\_\_\_

POLICY # \_\_\_\_\_ NAME OF POLICY HOLDER \_\_\_\_\_

\_\_\_\_\_  
(Signature of parent or guardian)

\_\_\_\_\_  
(Date: day/month/year)

**This form must be properly completed. Fax completed form to HQ CAP/MDS at 334-953-6891 not later than 1 June 2006. You may also elect to mail the form to:**

**HQ CAP/MDS Attn: IACE  
105 South Hansell Street  
Maxwell AFB, AL 36112**